

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036979

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

546

Registrar's No.

2813

FILED OCT 11 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN OverlandLength of stay in 1b
8 mos.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lackland Nurs. HomeInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN St. Ann

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3713 St. Bridget La. Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Rosa

Middle

Clehart

Last

Month

Sept.

Day

27

Year

1962

5. SEX
F6. COLOR OR RACE
W7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
12-22-899. AGE (last birthday)
72IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Waitress10b. KIND OF BUSINESS OR INDUSTRY
Resturant11. BIRTHPLACE (City and state or country)
Cape Girardeau, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

George Gluckhertz

13b. MOTHER'S MAIDEN NAME

Elizabeth Gluckhertz

14. NAME OF HUSBAND OR WIFE

Charles. E. (Dcd.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address St. Ann

Estelle Nolan-3713 St. Bridget La.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of right breast

INTERVAL BETWEEN
ONSET AND DEATH

13 months

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 11 1962 to Sept. and last saw her alive on Sept 22 1962
Death occurred at 9 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. E. Sterling MD

22b. ADDRESS

8105 Page, St Louis 30 mo

22c. DATE SIGNED

9-29-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

10-1-1962

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Gardens n Pagedale, Mo.

23d. LOCATION (City, town, or county)

(State)

24. BAUMANN BROS. INC. FUNERAL HOME

25. DATE RECD. BY LOCAL REG.

9-29-62

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

2504 WOODSON ROAD

OVERLAND 14, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1400X

240142

3

4 1

5 2

6

7 0

8 2

9 170X

10

11

12 86-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify ~~that the~~ ^{hereby} certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ or by _____, Student Embalmer No. _____

working under ~~my personal supervision.~~ ^{working under my personal supervision.}

Student _____ Student _____
Signature of _____ Signature of Student Embalmer _____

Signed

David C. Gibson

Licensed Embalmer No.

3454

P. O. Address

St. L. 14 Mo

Note: The above ~~with the above~~ ^{with the above} constitutes grounds for revocation of license.
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.